

ACAD U19 Blood Biological Sample and Shipment Notification Form Guide

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Site ID: _____ Participant ID: _____

Blood Sample and Shipment Notification Form

Please email this form prior to the date of shipment.

To: Kelley Faber Email: alzstudy@iu.edu Phone: 1-800-526-2839

General Information: _____		UPS tracking #: _____	
From: _____		Date: _____	
Phone: _____		Email: _____	
Study:	<input checked="" type="checkbox"/> ACAD U19	<input type="checkbox"/> ADRC	ADRC PT ID: _____ (if applicable)
		<input type="checkbox"/> Co-Enrolled in a study other than ADRC	
GUID: _____			
Sex:	<input type="checkbox"/> M	<input type="checkbox"/> F	Year of Birth: _____
Visit (circle number): 1 2 3 4 5		Kit #: _____	
Visit (circle letter): a b c d e		KIT LABEL/BARCODE	
Blood Collection:			
1. Date Drawn: _____ [MMDDYY]		2. Time of Draw: _____ [HHMM]	
3. Last date subject ate: _____ [MMDDYY]		4. Last time subject ate: _____ [HHMM]	
Blood Processing:			
Serum (Gold-Top) Tube (5 mL)			
Time spin started:	_____ [HHMM]		
Duration of centrifuge:	_____ Minutes		
Temp of Centrifuge:	_____ °C		
Rate of centrifuge:	_____ x g		
Time aliquoted:	_____ [HHMM]		
Number of 1.5 mL serum aliquots created (red-cap):	_____		
If applicable, volume of residual serum aliquot (less than 1.5 mL in blue cap):	_____ mL		
If applicable, specimen number of residual serum aliquot (last four digits):	_____		
Original blood volume drawn (1 x 5 mL SST collection tube):	_____ mL		
Time aliquots placed in freezer:	_____ [HHMM]		
Storage temperature in freezer:	_____ °C		
Plasma & Buffy Coat (Purple-top) Tube (10 mL)			
Time spin started:	_____ [HHMM]		
Duration of centrifuge:	_____ Minutes		
Temp of Centrifuge:	_____ °C		
Rate of centrifuge:	_____ x g		
Time aliquoted:	_____ [HHMM]		
Number of 1.5 mL plasma aliquots created (purple-cap):	_____		
If applicable, volume of residual plasma aliquot (less than 1.5 mL in blue-cap):	_____ mL		
If applicable, specimen number of residual plasma aliquot (last four digits):	_____		
Original blood volume drawn (2 x 10 mL EDTA collection tube):	EDTA #1: _____ mL	EDTA #2: _____ mL	
Time aliquots placed in freezer:	_____ [HHMM]		
Storage temperature in freezer:	_____ °C		
Buffy coat aliquot specimen numbers (last four digits):	Buffy Coat #1: _____	Buffy Coat #2: _____	
Buffy coat volumes (~1.0 mL in gray-cap):	Buffy Coat #1: _____ mL	Buffy Coat #2: _____ mL	
Notes: _____			
<i>E.g., hemolysis, blood is coagulated, thick or cloudy plasma, issues with buffy coat collection - please specify, etc.</i>			

Enter GUID here. (Section 4.0 of MOP)

Check box next to the Participant's Sex (M = Male, F = Female)

Enter the participant's Year of Birth

Circle Visit Number
1 = Year 1 (newly enrolled)
2 = Year 2
3 = Year 3
etc.

Circle Visit Letter
a = First visit of the year
b = Second visit of the year
c = Third visit of the year
etc.

Enter temperature of centrifugation (i.e., 4°C) and rate of centrifugation (i.e., 2000 x g)

Enter the last 4-digits of the residual serum aliquot (if applicable)

Enter the original blood volume drawn in each SST (Gold-Top) Collection Tube (5mL) in mL.

Site ID = 3-digit Site Number

Participant ID = 5-digit Participant Number

Coordinator Contact Information and Sample Tracking Information

If the participant is co-enrolled in the ADRC study, please check the "ADRC" box and fill in the ADRC Patient ID in the "ADRC PT ID" field.

If the ACAD participant is co-enrolled in a study other than ADRC, please check this box.

Place Kit Number label here (Section 7.1 of MOP)

Enter time and date of blood collection in HHMM format.

Enter last date and time participant ate in HHMM format.

Enter time centrifugation started in HHMM format.

Enter duration of centrifugation in minutes (i.e., 10 minutes)

Enter the time the samples were aliquoted in HHMM format.

Enter the number of 1.5 mL serum aliquots that were created.

Enter the volume in mL of the residual serum aliquot (if applicable)

Site ID: _____ Participant ID: _____

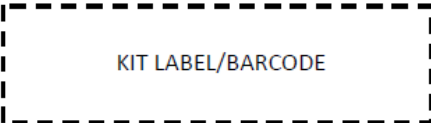
Blood Sample and Shipment Notification Form

Please email this form prior to the date of shipment.

To: Kelley Faber Email: alzstudy@iu.edu Phone: 1-800-526-2839

General Information: _____ UPS tracking #: _____
 From: _____ Date: _____
 Phone: _____ Email: _____

Study: ACAD U19 ADRC ADRC PT ID: _____ Co-Enrolled in a study other than ADRC
 GUID: _____ (if applicable)
 Sex: M F Year of Birth: _____
 Visit (circle number): 1 2 3 4 5 Kit #: _____
 Visit (circle letter): a b c d e



Blood Collection:

1. Date Drawn: _____ [MMDDYY] 2. Time of Draw: _____ [HHMM]
 3. Last date subject ate: _____ [MMDDYY] 4. Last time subject ate: _____ [HHMM]

Blood Processing:

Serum (Gold-Top) Tube (5 mL)	
Time spin started:	_____ [HHMM]
Duration of centrifuge:	_____ Minutes
Temp of Centrifuge:	_____ °C
Rate of centrifuge:	_____ x g
Time aliquoted:	_____ [HHMM]
Number of 1.5 mL serum aliquots created (red-cap):	_____
If applicable, volume of residual serum aliquot (less than 1.5 mL in blue cap):	_____ mL
If applicable, specimen number of residual serum aliquot (last four digits):	_____
Original blood volume drawn (1 x 5 mL SST collection tube):	_____ mL
Time aliquots placed in freezer:	_____ [HHMM]
Storage temperature in freezer:	_____ °C
Plasma & Buffy Coat (Purple-top) Tube (10 mL)	
Time spin started:	_____ [HHMM]
Duration of centrifuge:	_____ Minutes
Temp of Centrifuge:	_____ °C
Rate of centrifuge:	_____ x g
Time aliquoted:	_____ [HHMM]
Number of 1.5 mL plasma aliquots created (purple-cap):	_____
If applicable, volume of residual plasma aliquot (less than 1.5 mL in blue-cap):	_____ mL
If applicable, specimen number of residual plasma aliquot (last four digits):	_____
Original blood volume drawn (2 x 10 mL EDTA collection tube):	EDTA #1: _____ mL EDTA #2: _____ mL
Time aliquots placed in freezer:	_____ [HHMM]
Storage temperature in freezer:	_____ °C
Buffy coat aliquot specimen numbers (last four digits):	Buffy Coat #1: _____ Buffy Coat #2: _____
Buffy coat volumes (~1.0 mL in gray-cap):	Buffy Coat #1: _____ mL Buffy Coat #2: _____ mL
Notes:	_____
E.g., hemolysis, blood is coagulated, thick or cloudy plasma, issues with buffy coat collection - please specify, etc.	

Enter the time the aliquots were placed in the freezer in HHMM format.

Enter the temperature of the freezer the samples are stored in (i.e., -80°C).

Enter the last 4-digits of the buffy coat aliquots (the barcode is etched on the cryovial).



Enter the volume for Buffy Coat #1 and #2, corresponding with the barcodes in the field above.
 Buffy Coat #1 was created from EDTA #1 and Buffy Coat #2 was created from EDTA #1.

Enter the original blood volume drawn in each EDTA (Purple-Top) Collection Tube (10mL) in mL.

Enter any non-conformance details here that NCRAD should make note of.